

Travel Diary for:

First Name:	
Last Name: _	
Travel Day: _	
PIN#:	

	ress of your regular workplace (pr	rimary job)?	☐ Not employed☐ Work at home (for pay)
Name of Workplace (prima	y job):		Self-employed
Street Address or Nearest C	oss-streets:		
City:	State:	Zip Code:	
b. Did you go to work today	?		
a. What is the name and ad Name of School:	lress of your school? ☐ Not a s		
Street Address or Nearest C	oss-streets:		
C:+	State:	Zip Code:	
City:	State.	Zip Code.	
b. Did you go to school toda	y? □ Yes □ No Why not:		
	s lanes did you use on your travel o	lay? □ Did not ι	use a toll road or express lane
#1:	#2:	#3:	·
b. Which toll bridges did you	use on your travel day? Did r	not use a toll bridge	
#1:	#2:	#3:	
" 1.			
	anes (also referred to as HOV or D	!\ \	4 O N

How Do I Provide My Travel Information?

Online Enter your information online at:

www.catravelsurvey.com

Use the PIN# on the front of this diary.

Mail

Return your completed diaries in the postage-paid

envelope provided in your packet.

Please note that we may need to call you to clarify

or to collect any missing information.

OR

Phone

Keep your completed diaries by the phone and we will call you to collect the information. Or, you can call our toll-free survey hotline (1-877-261-4621) to provide your information.

For more information, visit the survey website at:

www.catravelsurvey.com

For questions or help filling out your Travel Diary:

Call the toll-free survey hotline 1-877-261-4621

or send an email to catravelsurvey@ptvnustats.com

Thank you for your participation!

Survey conducted by PTV NuStats on behalf of:



California Energy Commission and the following local transportation planning agencies:

California Air Resources Board

- Association of Monterey Bay Area Governments (AMBAG)
- Butte County Association of Governments (BCAG)
- Fresno Council of Governments (FCOG)
- Kings County Association of Governments (KCAG)
- Kern Council of Governments (KCOG)
- Merced County Association of Governments (MCAG)
- Madera County Transportation Commission (MCTC)
- Sacramento Area Council of Governments (SACOG)
- San Diego Association of Governments (SANDAG)

- San Joaquin Council of Governments (SJCOG)
- San Luis Obispo Council of Governments (SLOCOG)
- Santa Barbara County Association of Governments (SBCAG)
- Shasta County Regional Transportation Planning Agency (SCRTPA)
- Metropolitan Transportation Commission (MTC)
- Southern California Association of Governments (SCAG)
- Stanislaus Council of Governments (StanCOG)
- Tulare County Association of Governments (TCAG)
- Tahoe Metropolitan Planning Organization (TMPO)

DIARY INSTRUCTIONS

Use this diary to record information about ALL the PLACES you visit on your travel day. Begin at 3 a.m. on your travel day and end at 2:59 a.m. the following day.

We ask that a parent or guardian fill out the travel diaries for children under age 16.

A PLACE IS: Any location you travel to, no matter how long you are there.

Examples: • stopping for gas
 • a drive-through window
 • dropping off or picking up someone
 • walking to lunch
 • driving to a meeting during your workday
 • biking to the park
 • attending a sporting event, etc.

A place can be a transfer point such as a transit stop or a parking location.

Please provide the following information:

✓ **PLACES** you visit. Record one place per page.

The place name, exact address or nearest cross streets, city, state, and the zip code are critical for analyzing areas with traffic congestion.

Some points to remember...

Trips to nearby states: If you travel to the Lake Tahoe area or to Yuma, Arizona,

please record full addresses or cross-streets.

Trips to Mexico: If you travel to Mexico, please record the colonia.

Work-related trips: If you drive as part of your job duties, only record

those trips made if the vehicle you drive is owned by

you or serves as your personal vehicle.

Parking locations: If you park your car and walk more than 5 minutes to your

destination, record the parking location as a separate place.

- ✓ EXACT TIMES you arrive and leave each place.
- ✓ How you TRAVEL to each place. Write the code from LIST 1 Method of Travel (codes are on the flap of the back cover). We are interested in all types of travel: by auto, walking, biking, transit, etc.
- ✓ **ACTIVITIES** or what you do at each place and the starting and ending times for each activity. Write the code from **LIST 2 Activities** (codes are on the flap).

Once you have completed your travel diary, follow the instructions for providing your travel information on the back cover of this diary. Thank you!

Questions? Call the toll-free survey hotline: 1-877-261-4621

To see an example of an entire travel day, please visit www.catravelsurvey.com Example A What time did you ARRIVE at this place? (Record exact time) PLACE 7:32 (am)/ pm WHAT is this PLACE? Name of Place: ☐ Mv Home Happy Kids Daycare ☐ My Primary Job Street Address or Nearest Cross-streets: ☐ My School 901 Main Street My Second Job Transit Stop Zip Code: City (Colonia): State: (bus or rail) 99999 Anytown CA X Other Place **HOW did you TRAVEL there?** > Of those, how many were 5 (Write code from LIST 1) household members? How many other people traveled Which household members? □ P1 □ P3 X P5 □ P7 2 (Use person #s from label) X P2 □ P4 □ P6 □ P8 with you? (Don't Include yourself) If you traveled by PRIVATE VEHICLE: Which household vehicle did you use? ➤ How much did you pay to park? (Year / Make / Model): 2008 Honda Accord X Did not pay ☐ Did not use a household vehicle How did you pay for parking? If you parked at this location, where did you park? Cash / credit / debit card ☐ Did not park ☐ Street Pre-paid parking pass X Parking lot ☐ Driveway / Personal garage Employer provided parking pass ☐ Parking garage ☐ Other: Other: What are the nearest cross-streets to this How much did you pay out-of-pocket to park that parking location? was not reimbursed by your employer? \$ Main St & 1st St If you traveled by PUBLIC TRANSIT: What transit system did you use? What was the route or line number or name? What ACTIVITIES did you do there? (Write up to 3 codes from LIST 2 on the flap of the back cover and the start and end times.) Code: Specify if code "38": Activity 1: 22 7:36 (am)/ pm 7:32 (am)/ pm Start: End: Activity 2: Start: am / pm End: am / pm Activity 3: Start: am / pm End: am / pm What TIME did you LEAVE this place? 7:36 (am)/ pm → Move on to the next PLACE (Please record exact time)

LIST 1 - METHOD OF TRAVEL

NON-MOTORIZED TRAVEL:

- 1 Walk
- 2 Bike
- 3 Wheelchair / Mobility Scooter
- 4 Other Non-Motorized (skateboard, etc.)

PRIVATE VEHICLE:

- 5 Auto / Van / Truck Driver
- 6 Auto / Van / Truck Passenger
- 7 Carpool / Vanpool
- 8 Motorcycle / Scooter / Moped

PRIVATE TRANSIT:

- 9 Taxi / Hired Car / Limo
- 10 Rental Car / Vehicle
- **11** Private Shuttle (SuperShuttle, employer, hotel, etc.)
- **12** Greyhound Bus
- **13** Airplane
- **14** Other Private Transit

PUBLIC TRANSIT:

Bus:

- **15** Local Bus, Rapid Bus
- 16 Express Bus / Commuter Bus (AC Transbay, Golden Gate Transit, etc.)
- 17 Premium Bus (Metro Orange / Silver Line)
- 18 School Bus
- **19** Public Transit Shuttle (DASH, Emery Go-Round, etc.)
- 20 AirBART / LAX FlyAway
- 21 Dial-A-Ride / ParaTransit (Access Services, etc.)
- 22 Amtrak Bus
- 23 Other Bus

Rail / Subway:

- 24 BART, Metro Red / Purple Line
- 25 ACE, Amtrak, Caltrain, Coaster, Metrolink
- 26 Metro Blue / Green / Gold Line, Muni Metro, Sacramento Light Rail, San Diego Sprinter / Trolley / Orange / Blue / Green, VTA Light Rail
- 27 Street Car / Cable Car
- 28 Other Rail

Ferry:

29 Ferry / Boat

Did you remember to record...

- ✓ Each place you went, even short walks, quick stops, and places you went in the evening?
- ✓ Complete place names and addresses?
- ✓ Activities you did at each place along with the start and end times?
- ✓ Exact accurate arrival and departure times?

Privacy Policy

We take your privacy very seriously. All information collected will be held strictly confidential and used only in combination with information provided from other participating households.

LIST 2 - ACTIVITIES

AT MY HOME:

- 1 Personal activities (sleeping, personal care, leisure, chores, etc.)
- 2 Preparing meals / eating
- 3 Hosting visitors / entertaining guests
- Exercise (with or without equipment) / playing sports
- 5 Study / schoolwork
- 6 Work for pay at home using telecommunications equipment
- 7 Using computer / telephone / cell or smartphone or other communications device for personal activities
- 8 All other activities at my home

AT MY WORK OR VOLUNTEER LOCATION:

- 9 Work / job duties
- **10** Training
- 11 Meals at work
- **12** Work-sponsored social activities (holiday or birthday celebrations, etc.)
- 13 Non-work related activities (social clubs, etc.)
- 14 Exercise / sports
- 15 Volunteer work / activities
- **16** All other work-related activities at my work

AT MY SCHOOL (Preschool, K-12, College, etc.):

- 17 In school / classroom / laboratory
- 18 Meals at school / college
- **19** After school or non-class-related sports / physical activity
- **20** All other after school or non-class-related activities (*library, band rehearsal, clubs, etc.*)

QUICK STOPS / TRIPS:

- 21 Change type of transportation / transfer
- 22 Pickup / drop off passenger(s)
- 23 Drive-through meals (snacks, coffee, etc.)
- 24 Drive-through other (ATM, bank, etc.)

AT OTHER PLACES:

- **25** Work-related (meeting, sales call, delivery)
- 26 Service private vehicle (gas, oil, lube, repairs)
- **27** Routine shopping (groceries, clothing, convenience store, household maintenance)
- 28 Shopping for major purchases or specialty items (appliance, electronics, new vehicle, major household repairs)
- 29 Household errands (bank, dry cleaning, etc.)
- **30** Personal business (visit government office, attorney, accountant)
- 31 Eat meal at restaurant / diner
- **32** Health care (doctor, dentist, eye care, chiropractor, veterinarian)
- **33** Civic / Religious activities
- **34** Outdoor exercise (sports, jogging, bicycling, walking, walking dog, etc.)
- 35 Indoor exercise (gym, yoga, etc.)
- **36** Entertainment (movies, watch sports, etc.)
- **37** Social / Visit friends / relatives
- 38 Other (write code and specify)

LIST 1 is outside flap

QUESTIONS?

Visit the survey website:

www.catravelsurvey.com

or

Call the toll-free survey hotline:

1-877-261-4621



BEGIN RECORDING YOUR TRAVEL HERE

Your travel day begins with Place 1 at 3 a.m. Most people are home asleep at this time. If this is the case with you, check "My Home," then record your activities at this place and the exact time you leave.

REMEMBER!

A **PLACE** can be a transfer point such as a transit stop or a parking location.

WHERE were you at 3 a.i	m. on your trav	vel day?					
☐ My Home>	Name of Place:						
☐ My Primary Job							
☐ My School	Street Address	or Nearest Cross	-streets:				
☐ My Second Job							
☐ Transit Stop (bus or rail)	City (Colonia):				State:	Zi	ip Code:
Other Place							
Other Flace							
What ACTIVITIES did you	а	Write up to 3 c and the start an			the flap of	the bac	k cover
Activity 1:	Touc 30 1	Start:	:	am / pm	End:	:	am / pm
Activity 2:		Start:	:	am / pm	End:	:	am / pm
Activity 3:		Start:	:	am / pm	End:	:	am / pm
What TIME did you LEAV (Please record exact time)		: am / pm		→ Move o			
What is the MAIN reason	you didn't lea	•	-				
☐ I was sick		□ Not schedule					
□ Vacation or personal day□ Child was sick□ Worked around home (not for pay)□ No transportation available							
Other household membe	r was sick	☐ Weather	cacion ave	andoic			
☐ I am home-bound, elderly		☐ No reason to	o travel				
☐ Worked at home (for pay	r)	Other:					
*If you didn't leave this p and start and end times					es, please r	ecord th	ne codes

IF YOU DIDN'T LEAVE THIS PLACE TODAY: You are done. Thank you!

What time did you ARRIVE at this place? (Record exact time)	: am/pm
WHAT is this PLACE? My Home My Primary Job My School My Second Job Transit Stop (bus or rail) Other Place Name of Place: City (Colonia): Sta	ate: Zip Code:
HOW did you TRAVEL there? (Write code from LIST 1) How many other people traveled with you? (Don't Include yourself) Of those, how many were household members? Which household members (Use person #s from label)	
Which household vehicle did you use? (Year / Make / Model): Did not use a household vehicle If you parked at this location, where did you park? Did not park Street Parking lot Driveway / Personal garage Parking garage Other: What are the nearest cross-streets to this parking location? Was not reimbursed by y	rking? d king pass out-of-pocket to park that
If you traveled by PUBLIC TRANSIT : What transit system did you use? What was the route or limit to the content of the cont	ine number or name?
What ACTIVITIES did you do there? (Write up to 3 codes from LIST 2 on the flat and the start and end times.) Code: Specify if code "38": Activity 1: Start: Start: am / pm End: Start: am / pm End:	: am/pm
(Places record exact time)	: am/pm to the next PLACE DONE. Thank You!

What time did you ARRIVE at this place?	' (Record exact time)	: am / pm
WHAT is this PLACE?		
☐ My Home Name of Place:		
☐ My Primary Job		
My School Street Address or Nearest Cross	streets:	
☐ My Second Job☐ Transit Stop☐ City (Colonia):		7: 6 1
(bus or rail) City (Colonia):	State	e: Zip Code:
☐ Other Place		
HOW did you TRAVEL there? (Write code from LIST 1)	Of those, how many were household members?	
How many other people traveled with you? (Don't Include yourself)	Which household members? (Use person #s from label)	P1 □ P3 □ P5 □ P7 P2 □ P4 □ P6 □ P8
	· ·	
If you traveled by PRIVATE VEHICLE:		
Which household vehicle did you use?	➤ How much did you pay to	park?
(Year / Make / Model):	\$ per	☐ Did not pay
\square Did not use a household vehicle		
If you parked at this location, where did you park?	How did you pay for park Cash / credit / debit card	ing?
Did not park Street	☐ Pre-paid parking pass	
☐ Parking lot ☐ Driveway / Personal garage ☐ Parking garage ☐ Other:	☐ Employer provided parkii	ng pass
	☐ Other:	
What are the nearest cross-streets to this parking location?	How much did you pay ou	t-of-pocket to park that
	was not reimbursed by you	ur employer? \$
If you traveled by PUBLIC TRANSIT:		
What transit system did you use?	What was the route or lin	e number or name?
	→	
	codes from LIST 2 on the flap	of the back cover
and the start a Code: Specify if code "38":	nd end times.)	
Activity 1: Start:	: am / pm End:	: am/pm
		: am/pm
Activity 2: Start:	: am / pm End:	. am/pm
	: am / pm	: am / pm
Activity 2: Start: Start:		
Activity 2: Start:	: am / pm End:	

LACE	
What time did you ARRIVE at this place? (Record exact time)	: am / pm
WHAT is this PLACE?	
☐ My Home Name of Place:	
☐ My Primary Job	
☐ My School Street Address or Nearest Cross-streets:	
☐ My Second Job	
Transit Stop (bus or rail)	zate: Zip Code:
Other Place	
HOW did you TRAVEL there? (Write code from LIST 1) Of those, how many were household members?	
How many other people traveled Which household member	rs?
with you? (Don't Include yourself) (Use person #s from label)	□ P2 □ P4 □ P6 □ P8
If you traveled by PRIVATE VEHICLE:	
Which household vehicle did you use? How much did you pay	to park?
(Year / Make / Model): \$ per	☐ Did not pay
☐ Did not use a household vehicle	
If you parked at this location, where did you park?	=
☐ Did not park ☐ Street ☐ Pre-paid parking pass	ra
Parking lot Driveway / Personal garage Employer provided no	rking pass
☐ Parking garage ☐ Other: ☐ Other: ☐ Other:	iking pass
What are the nearest cross-streets to this	
	out-of-pocket to park that
was not reimbursed by y	your employer? \$
If you traveled by PUBLIC TRANSIT:	
What transit system did you use? What was the route or	line number or name?
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Activity 1: Start: : am / pm End:	am / pm
Activity 2: Start: am / pm End:	am / pm
Activity 3: Start: : am / pm End:	am / pm
(Diagon record exact time)	n to the next PLACE
(Please record exact time) ☐ I didn't leave this place → You are	DONE. Thank You!

What time did you ARRIVE at thi	is place? (Record exact time) : am / pn
WHAT is this PLACE?	
☐ My Home Name of Place:	
☐ My Primary Job	
☐ My School Street Address or Neare	est Cross-streets:
☐ My Second Job☐ Transit Stop☐ City (Colonia):	51.1. 71.6.1
(bus or rail) City (Colonia):	State: Zip Code:
Other Place	
HOW did you TRAVEL there? (Write code from LIST 1)	Of those, how many were
·	household members?
How many other people traveled with you? (Don't Include yourself)	Which household members? P1 P3 P5 (Use person #s from label) P2 P4 P6 (
If you traveled by PRIVATE VEHICLE:	
Which household vehicle did you use?	➤ How much did you pay to park?
(Year / Make / Model):	\$ per 🗆 Did not p
\square Did not use a household vehicle	How did you pay for parking?
If you parked at this location, where did you	park?
☐ Did not park ☐ Street ☐ Parking lot ☐ Driveway / Personal garag	☐ Pre-paid parking pass
☐ Parking garage ☐ Other:	☐ Employer provided parking pass
What are the nearest cross-streets to this	Other:
parking location?	How much did you pay out-of-pocket to park th
	was not reimbursed by your employer? \$
If you traveled by PUBLIC TRANSIT:	
What transit system did you use?	What was the route or line number or name?
	→
	up to 3 codes from LIST 2 on the flap of the back cover e start and end times.)
Code: Specify if code "38":	e start and the times,
	Start: : am / pm End: : am / pr
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	tout and I am For the
	Start: : am / pm End: : am / pr

What time did you ARRIVE at this place? (Record exact)	et time) : am / pm
WHAT is this PLACE?	
My Home My Primary Job My School My Second Job Transit Stop (bus or rail) Other Place Name of Place: City (Colonia):	State: Zip Code:
HOW did you TRAVEL there? (Write code from LIST 1) How many other people traveled with you? (Don't Include yourself) Of those, how household m Which house (Use person #	held members?
If you traveled by PRIVATE VEHICLE:	
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	s the route or line number or name?
What ACTIVITIES did you do there? (Write up to 3 codes from LIS and the start and end times.) Code: Specify if code "38":	ST 2 on the flap of the back cover
	m / pm End: am / pm
Activity 2: Start: : an	m / pm End: am / pm
Activity 3: Start: : an	m / pm End: : am / pm
What TIME did you LEAVE this place? (Please record exact time) □ I didn't leave this place	→ Move on to the next PLACE → You are DONE. Thank You!

WHAT is this PLACE?			
☐ My Home	Name of Place:		
☐ My Primary Job			
☐ My School	Street Address or Nearest	Cross-streets:	
☐ My Second Job			
☐ Transit Stop (bus or rail)	City (Colonia):	St	tate: Zip Code:
☐ Other Place			
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Which household ve	hicle did you use?	:≻ How much did you pay	to park?
(Year / Make / Model):		\$ per	□ Did not
☐ Did not use a house	ehold vehicle		
If you parked at this	location, where did you p	How did you pay for pa Cash / credit / debit ca	•
	Street	☐ Pre-paid parking pass	14
☐ Parking lot ☐ ☐ Parking garage ☐	Other: Other:	☐ Employer provided pa	rking pass
		Other:	
What are the neares parking location?	t cross-streets to this	How much did you pay	out-of-pocket to park
parking location.		was not reimbursed by	· · · · · · · · · · · · · · · · · · ·
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		What was the route or →	
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What transit system What ACTIVITIES did	did you use? you do there? (Write up and the s	o to 3 codes from LIST 2 on the flatart and end times.)	
What transit system What ACTIVITIES did y Code: Speci	you do there? (Write up and the s	o to 3 codes from LIST 2 on the flatart and end times.) ort: am/pm End	: am/p

What time did you ARRIVE at this place	e? (Record exact time) : am / pm					
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Which household vehicle did you use? (Year / Make / Model): Did not use a household vehicle If you parked at this location, where did you park? Did not park Street Parking lot Driveway / Personal garage Parking garage Other: What are the nearest cross-streets to this parking location?	➤ How much did you pay to park? \$ per					
If you traveled by PUBLIC TRANSIT: What transit system did you use?	What was the route or line number or name? →					
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Activity 1: Start:	: am / pm End: : am / pm					
Activity 2: Start:	: am / pm End: : am / pm					
Activity 3: Start:	: am / pm End: : am / pm					
What TIME did you LEAVE this place? (Please record exact time)	am / pm → Move on to the next PLACE leave this place → You are DONE. Thank You!					

9 What time did you	ARRIVE at this place? (Record exact time) : am / pm
MHAT is this PLACE? My Home My Primary Job My School My Second Job Transit Stop (bus or rail) Other Place HOW did you TRAVEL there? (Write code from LIST 1)	Address or Nearest Cross-streets:
How many other people travele with you? (Don't Include yoursel	
☐ Parking garage ☐ Other: ☐ What are the nearest cross-stree parking location?	\$ per Did not pay How did you pay for parking? Cash / credit / debit card Pre-paid parking pass Employer provided parking pass Other: How much did you pay out-of-pocket to park that was not reimbursed by your employer? \$
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If you traveled by PRIVATE VEHICLE: Which household vehicle did you use? (Year / Make / Model): Did not use a household vehicle If you parked at this location, where did you park? Did not park Street Parking lot Driveway / Personal garage Parking garage Other: What are the nearest cross-streets to this parking location? What are the nearest cross-streets to this was not reimbursed by your employer?						
If you traveled by PUBLIC TRANSIT : What transit system did you use?		What wa	as the route or	line number	or name?	
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Activity 1:	Start:	: 6	am / pm End	: :	am / pm	
Activity 2:	Start:	<u>:</u>	am / pm End	: :	am / pm	
Activity 3:	Start:	: 6	am / pm End	: :	am / pm	
• What TIME did you LEAVE this place? (Please record exact time)	:]	am / pm	\longrightarrow Move or \longrightarrow You are	n to the ne		

PLACE	- 4 4l-1 1 2	(5. /				,
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If you traveled by PRIVATE VEHICLE:						
(Year / Make / Model): Did not use a household vehicle If you parked at this location, where did Did not park Street Parking lot Driveway / Personal Parking garage Other: What are the nearest cross-streets to th parking location? If you traveled by PUBLIC TRANSIT:	garage	Cas Pre Em Otl	per did you pay sh / credit / de e-paid parking ployer provid her: much did you not reimburse	ebit card g pass led parking u pay out-o	pass f-pocket t	
What transit system did you use?		What	was the rou	ıte or line n	umber o	r name?
What transit system and you use.		→	. was the rou		iumber of	Tidille:
Code: Specify if code "38":	Write up to 3 ond the start an		mes.)		the back	
Activity 1:	Start:	•	am / pm	End:	•	am / pm
Activity 2:	Start:	:	am / pm	End:	:	am / pm
Activity 3:	Start:	:	am / pm	End:	:	am / pm
What TIME did you LEAVE this place? (Please record exact time)	: I didn't lea	am / p	om → Mo lace → You	ve on to t		

EXTRA PLACESIf you used all of the previous pages, use the chart below to write information about the other places you visited. Don't forget to record your exact times!

PLACE #	what TIME did you ARRIVE?	riME RRIVE? t times)	WHAT is this PLACE? WHAT is the NAME and ADDRESS?	HOW did you TRAVEL? (use LIST 1)	What ACTIVITIES?	What TIME did you LEAVE? (record exact times)
12		am / pm				: am / pm
13		am / pm				: am / pm
14	 	am / pm				: am / pm
15		am / pm				: am / pm
16	 	am / pm				: am / pm
17		am / pm				: am / pm
18	 	am / pm				: am / pm
19	 	am / pm				: am / pm
20	 	am / pm				: am / pm
21		am / pm				: am / pm